SERIES A-3

HEALTH STATISTICS

FROM THE U.S. NATIONAL HEALTH SURVEY

concepts and definitions in the HEALTH HOUSEHOLD-INTERVIEW SURVEY,

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

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HEALTH STATISTICS

FROM THE U. S. NATIONAL HEALTH SURVEY

concepts and definitions in the Health Household-Interview Survey

The design and content of the basic questionnaire, and preliminary definitions of terms used in statistical reports for the year ending June 30, 1958

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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U. S. NATIONAL HEALTH SURVEY

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The U. S. National Health Survey is a continuing program under which the Public Health Service makes studies to determine the extent of illness and disability in the population of the United States and to gather related information. It is authorized by Public Law 652, 84th Congress.

CO-OPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies. For the national household survey the Bureau of the Census designed and selected the sample, conducted the household interviews, and processed the data in accordance with specifications established by the Public Health Service.

Public Health Service Publication No. 584-A3

PREFACE

This report presents the basic concepts and terminology used in the Health Household-Interview Survey, which is a part of the program of the U. S. National Health Survey. Two earlier publications in this series dealt with the origin and program of the Survey as a whole,[1] and the statistical design of the Health Household-Interview Survey.[2]

Requirements for the content of the interview, including the concepts and terminology presented in this report, were prepared by the Survey staff in the Public Health Service primarily under the technical leadership of Mr. T. D. Woolsey. The problem of translating these into field procedures, and, in particular, the problem of designing the interview, drafting instructions for interviewers, and preparing the interviewer training manuals was undertaken by the Bureau of the Census, under a co-operative arrangement with the Public Health Service. The success that has been achieved in communicating to family respondents in households throughout the country an understanding of the specific information desired in the interview is attributable to many people. These include: the interviewers who have had to master a thick book of instructions and to carry out their assignments on schedule, often under difficult circumstances of distance and weather; the health survey supervisors in the Census Bureau's regional offices who trained the interviewers and have a primary responsibility for maintaining the quality of the interviewing work; and the central staff of the Bureau of the Census who have brought their extensive experience with surveys to bear upon the problems of measurement in this difficult subject matter.

Particular mention should be made of the part played in designing the questionnaire and interviewing procedure by Mr. Harold Nisselson and Mrs. Katherine G. Capt of the Census Bureau. They made essential contributions to the clarification of concepts and to finding appropriate compromises between what seemed theoretically desirable and what was practically achievable, and Mrs. Capt has had continuing responsibility for manuals of instructions and training methods for interviewers.

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[1] U. S. National Health Survey. Origin and Program of the U. S. National Health Survey. Health Statistics. Series A-1. Public Health Service Publication No. 584-A1. Public Health Service. Washington, D. C., May 1958.

[2] U. S. National Health Survey. The Statistical Design of the Health Household-Interview Survey. Health Statistics. Series A-2. Public Health Service Publication No. 584-A2. Public Health Service. Washington, D. C., July 1958.

CONTENTS

CONCEPTS AND DEFINITIONS IN THE

HEALTH HOUSEHOLD-INTERVIEW SURVEY

1. INTRODUCTION

The U. S. National Health Survey is not a single survey but a series of surveys employing a variety of techniques to obtain statistics on the health of the American people. One part of this program is a continuous sampling and interviewing of the civilian population in the continental United States. This part is called the Health Household-Interview Survey.

The emphasis in the Health Household-Interview Survey will be upon the social dimensions of morbidity. This means that morbidity is measured along an axis for which the scale is in terms of the effect that the morbidity has upon the lives of the people concerned. Such a scale, it should be pointed out, may differ in a number of ways from the scale that medical science uses which can be broadly described as a continuum of pathological change. Measurement along both of these scales is useful for different purposes. The U. S. National Health Survey intends to supply statistics based upon both types of measurement but techniques other than the household-interview survey must be used to obtain statistics of morbidity in terms of medical criteria.

Prior to the start of the U. S. National Health Survey, statistics relating to the health of the population available on a continuing, national basis were limited to mortality and reports of new cases of the notifiable diseases. The former, though well established, usefully complete and accurate, and of enormous value, deal only with one extreme of the continuum from health to ill health. The latter are very limited in scope and of varying accuracy, depending upon the particular disease. Hence, the passage of the National Health Survey Act in July 1956 pointed the way toward filling an important gap in the types of information at hand for assessment of national health problems.

The Health Household-Interview Survey is carried out in co-operation with the Bureau of the Census. The resources of the Bureau of the Census and the experience of that agency with other national sample surveys and with several recent state and city health surveys made this co-operative arrangement an obvious one. The content and general specifications for the survey are determined by the Public Health Service, which also is responsible for final data tabulation, and analysis and publication of the results. Many of the design features of the survey, the drawing of the sample units, the interviewing and supervision of interviewing, and the data processing prior to final tabulation are conducted for the Public Health Service by the Bureau of the Census.

In the development of morbidity, disability, and medical care concepts for the Health Household-Interview Survey the staff has been able to build upon foundations which were first laid down decades ago. Some of the concepts originated in the Hagerstown, Md., illness survey of the early 1920's, a survey for which the Public Health Service's Office of Statistical Investigations (now the Division of Public Health Methods) was responsible. Later these ideas were refined and modified in numerous local surveys and in the nationwide Health Survey conducted by the Public Health Service in 1935 and 1936. In more recent years illness surveys which were concerned with assessing the health problems of particular groups of people, with increasing emphasis upon measuring the amount and effects of chronic illness in the population have been undertaken in several large cities and states. These include, among others, studies in New York City; Hunterdon County, N. J.; Baltimore, Md.; the state of California; Pittsburgh, Pa.; and Kansas City, Mo. In some of these surveys the Bureau of the Census participated as the collecting agent, and the staff of the Division of Public Health Methods of the Public Health Service as consultants. New approaches to the measurement of illness levels by means of interviews were introduced, but some of the older ideas which had stood the test of time were retained.

In planning for the Health Household-Interview Survey there was, therefore, much experience to build upon. Yet the process of development of the concepts and definitions is still underway, and a part of the continuing program will be to conduct research that will lead to concepts that are more objective, more explicit, and more useful.

2. THE HOUSEHOLD INTERVIEW

The Basic Questionnaire and the Supplements

The interview for the Health Household-Interview Survey consists of two parts, the basic questionnaire and a series of supplements. A supplement is a set of questions added to the interview for a period of less than a year to collect information on additional topics within the scope of the U. S. National Health Survey and appropriate to the household-interview method. This subdivision of the content of the interview was adopted in order to permit the survey to respond to changing needs for data and to take up a greater variety of matters, while at the same time maintaining a core of fundamental types of information. The latter will provide time-trend statistics of basic indices of morbidity and medical and dental care. Data from the basic questionnaire also can be tabulated and presented in greater detail because the design of the sample permits accumulation of results over any length of time that seems desirable. Hence, larger samples will be available for the basic data than for those contained in the supplements.

While the basic questionnaire has been described as containing a core of fundamental types of information, this part of the questionnaire is also subject to change. Amendments in this part, however, will be made no more frequently than once a year. Some of these amendments will be minor and will have as their objective clarification of concepts and other technical improvements without change in the underlying substance. Others will involve expansion into new subject areas or the deletion of certain topics for a period of several years, perhaps, and the substitution of other topics. A regular schedule of rotation of these fundamental types of data may be developed after more is known about the rapidity of change in the indices.

Thus, the questionnaire is not considered to be an inflexible document. The distinction between the basic portion and the supplements is one of degree, depending upon whether changes in content are made at frequent or at infrequent intervals.

The description of the content of the questionnaire and discussion of concepts and definitions contained in this report relate to the basic questionnaire as used in the first year of data collection, July 1957 through June 1958. This questionnaire is the source of the first preliminary reports of the survey as well as the initial, more detailed reports based on a full year of data.

The Interviewer and the Respondent

The various steps leading up to the interview itself, including the selection of the sample, the measures taken to insure complete coverage of the sample population, and the selection and training of field supervisors and interviewers, are described in the report, Statistical Design of the Health Household-Interview Survey.[1] It is also indicated in that report that, wherever possible, the visit of the interviewer is preceded in the household by a letter from the Director of the Bureau of the Census announcing that an interviewer may be expected to visit and setting forth the general purposes of the survey. The confidential treatment that will be accorded any information given is emphasized.

The interviewer then calls at the household. If after repeated efforts no one can be found at home, or if there is definite evidence that the household will be absent during the entire period assigned for completion of this interview, or if it is found that this dwelling unit should not be covered in the survey for any reason, the interviewer fills out certain items on the questionnaire describing the type of "noninterview." These "noninterview" questionnaires are turned in along with the rest of the assignment for record purposes.

Let it now be assumed that a suitable household respondent, as defined below, is present at the time the interviewer calls. The interviewer introduces herself, explains the purpose of her visit, and identifies herself as an employee of the Bureau of the Census. Without volunteering further explanation she begins the questioning.

The questions about the composition of the household, may be asked of any "responsible" adult member of the household, that is, a person living in the household who is either 18 or more years of age or married and who is mentally competent to answer. This same person is considered an acceptable respondent for the facts concerning the age, sex, marital status, and other background characteristics of all persons related to him. In general, with a few rather rare exceptions, the following rules apply in this part of the interview:

1. Information about adults may be supplied by the person himself, the spouse, a parent, or an adult son or daughter residing in the household.
2. Information about children is to be supplied by a parent unless some other adult is usually responsible for the care of the child.
3. No person is asked to supply information about a person unrelated to himself; hence, a servant or a lodger, for example, must

[1] U. S. National Health Survey. The Statistical Design of the Health Household-Interview Survey. Health Statistics. Series A-2. Public Health Service Publication No. 584-A2. Public Health Service. Washington, D. C., July 1958.

be interviewed for himself unless there is a relative in the household who can answer for him.

In the parts of the interview dealing with illness, medical and dental care, and hospitalization, the same rules regarding the acceptability of respondents apply and one additional rule: each adult at home at the time of the interview must be interviewed for himself. If a particular adult is not at home, then the rules for acceptability stated above are followed.

If no acceptable respondent for a particular member of the household is at home at the time of the interview, the interviewer completes the questioning for all persons for whom there is an acceptable respondent and makes arrangements to call again to finish the interviewing for that household.

The interviewer has been taught to be polite but persevering in adhering to the interview as it is printed on the questionnaire. She avoids unnecessary discussion and, if the respondent shows an inclination to wander from the subject, steers the interview back to the topic being covered. Answering the questions in the interview is entirely voluntary on the part of the respondent; hence, tact and an understanding of the importance of the survey are essential attributes of the interviewer. The low rate of refusals encountered (approximately 1 percent) indicates that co-operation of the respondents has been, on the whole, successfully obtained.

Before leaving the household the interviewer must review the questionnaire to make sure that each item of information has been secured for every member of the household for whom it is required. Then leaving a letter of appreciation printed under the seal of the Public Health Service and signed by the Surgeon General, she adds her own thanks and proceeds to her next assignment.

A great deal of thought went into the preparation of an interview that would flow along in a natural manner and put the respondent at ease. But this appearance of informality is deceptive since the interviewers are strictly enjoined to adhere to the form of the interview. The questions in the interview have been planned with utmost care to carry a particular meaning arising out of the requirements for certain statistical information. One source of bias and variability in the results can be reduced substantially by asking questions in the exact manner in which they are shown on the questionnaire. This must be done by every interviewer in every interview. It must not be assumed, however, that the best interviewer is an automaton. The best interviewer knows how to adjust to the unexpected situation and can distinguish between the essential and unessential elements in the interview. If she senses that the question has not been understood, or has been misunderstood, she may repeat the question or explain its meaning in terms provided by her manual.

In obtaining the answers to certain questions specified by the questionnaire the interviewer performs a function that is simply one of reporting what she hears. This function does not include any element of interpretation. For this reason, lay interviewers are generally preferred over medically trained interviewers, despite the nature of some of the information that is being handled. A person with a medical education is trained to interpret what the patient says, and this interpretation is difficult to standardize for statistical purposes.

The requirements of good interviewing will not be discussed further here, but it must be stressed that a major part of the success of the survey rests upon the proper selection and explicitness of the questions; the adherence to the wording of these questions; and the conscientiousness, understanding, and skill of the interviewers.

Despite the best efforts of the planners, the field supervisors, and the interviewers, however, useful information can be provided in the interview only if the respondents know the answers to the questions they are being asked. All evidence points to a high degree of co-operation on the part of household respondents, but they may still without being aware of it give incomplete or inaccurate replies.

One of the principal opportunities for errors of this sort coming into the survey occurs when the respondents reply to questions concerning other members of the household. Such respondents may be spoken of as "proxy respondents." The difficulty is not with the answers given about children, for it is assumed that when the "proxy respondent" is a parent or other person responsible for the child's care, the errors will be fewer than if the child responded for himself. There is a good deal of evidence, however, to indicate that, by and large, the information supplied by "proxy respondents" for other adults in the household is not as complete or accurate as that which those adults can supply for themselves. It is reasonable to suppose that the more distantly related the "proxy respondent" is to the person for whom he reports, the poorer will be the quality of the information. Thus, the rules, listed earlier, which the interviewer must follow in using "proxy respondents" put a premium on a close relationship. Attention has been drawn to the fact that the rules are more stringent for the health and medical care information than for the demographic particulars. This is not solely because the health and medical care data are the main object of the interview; these data are also more personal and less likely to be known to a husband, wife, sister, or brother.

From the standpoint of reliability of responses it would be ideal in household interviews if every adult could be interviewed for himself. The cost of such a procedure, however, is quite high since more recalls to the household are required. The rules adopted represent a compromise between the method that is least expensive, i.e. one respondent for a household, and the method that is most reliable, i.e. every adult responding for himself.

Since "proxy respondents" are most likely to be wives, and the adults for whom they report are most likely to be husbands, the statistics for working husbands are probably somewhat less reliable than those for their wives. Hence, to a lesser degree, statistics for adult males are probably less reliable than those for adult females. While little is known about the extent of this difference for the Health Household-Interview Survey, or the extent of biases that may be present because of the difference, it will be possible to learn something more about the problem from research that is now being conducted. If necessary, the rules for accepting "proxy respondents" will be made even more stringent.

The Structure of the Interview

The opening questions in the interview (questionnaire, page 5) are intended to provide a complete roster of the members of the household including any who may be temporarily absent. Care is taken to exclude any person staying in the household who has a usual place of residence elsewhere, since any such person has an opportunity to come into the sample at the place he usually resides. The name of the head of the household is always entered in the first column of the questionnaire, and the structure of the household is revealed by ascertaining the relationship of each person to the household head.

The names of the various members of the household are obtained as well as the relationships. The main purpose of getting the names is to permit the interviewer to refer to them in subsequent questions in a manner that will unmistakably identify them for the respondent.

With this preparation the interviewer can proceed to secure the personal particulars and social and economic characteristics of each person (questions 3-10 and 27, pages 5-7). Comments on the concepts and classification of these items will be found on pages 24-25 of this report.

After securing the descriptive information about the members of the household in questions 3-10, the interviewer asks a series of questions known as the "illness-recall questions," questions 11-17. (page 6). The object of these questions is to elicit reports of the occurrence of illnesses injuries, chronic conditions and impairments among members of the household. The plan of the illness-recall questions and the concept of illness which they represent are discussed on pages 11-13.

Illnesses, injuries, chronic conditions, and impairments, in short, all evidences of morbidity, are called "morbidity conditions," or simply "conditions." Each report of a condition brought forth by the illness-recall questions is made the basis for an entry on a single line of Table 1 on the questionnaire (pages 6 and 7).

The next part of the interview consists of carrying the reported conditions through Table I, one at a time. The questions in Table 1 are designed to obtain the following types of information about each condition:

1. Whether the condition has ever been attended by a physician.
2. The most accurate description the respondent is capable of giving about the nature of the condition.
3. Whether the condition caused restriction of activities for a day or more, and, if so, the number of days of disability measured in terms of restricted activity, confinement to bed, and loss of time from work or school.
4. Certain facts about when the condition had its onset for determining whether it is a case that should be included in counts of the incidence of new cases and whether it is sufficiently old to be considered chronic.
5. Whether the condition, if determined to be chronic according to survey criteria, is a new or an old chronic condition; how recently a physician was consulted for it; whether the person is still under the care of a physician for the chronic condition; and approximately how many days the chronic condition kept the person in bed in the past year.
6. The extent to which usual activity and mobility are limited for persons reported to have one or more chronic conditions.

In the course of completing Table 1 it may become evident that a condition is an injury, or some aftereffect of an injury. For each such condition the interviewer fills out Table A (page 6) to obtain the following data about the accident or event that caused the injury:

1. If the condition reported is the aftereffect of an injury, the nature of the original injury, and how long ago it occurred.
2. Whether the accident happened at home or elsewhere. (In the process of learning this, it is also possible to determine whether an old injury or aftereffect of an injury, reported by a person who is now a civilian, originated while the person was in the armed services.)
3. Whether a motor vehicle was involved in any way.
4. Whether the person was at work at his job or business at the time the accident happened.

If a person sustains more than one injury in the same accident, Table A is filled out only once, but if the person has had more than one accident, one Table A is completed for each accident. Hence, each completed Table A represents one accident, or one injury-causing event of a nonaccidental nature, such as attempted suicide.

The next section of the interview deals with medical care (page 7). The questions provide information about the number of times each person in the household has consulted a physician, where this consultation took place, the type of service performed (in broad categories), and the interval

QUESTIONNAIRE

The items below show the exact content and wording of the questionnaire used in the household survey. The actual questionnaire is designed for a household as a unit and includes additional spaces for reports on more than one person.

CONFIDENTIAL: The National Health Survey is authorized by Public Law 652 of the 84th Congress (70 Stat 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of this survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).

Form NHS-1 (3-16-57)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Acting as Collecting Agent for the
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH SURVEY

1. Questionnaire ____ of ____ Questionnaires

2. (a) Address or description of location

3. Ident. Code | 4. Sub-sample weight | 5. Sample | 6. PSU Number | 7. Segment No. | 8. Serial No.

9. Is this house on a farm or ranch? ☐ Yes ☐ No

(b) Type of living quarters: ☐ Dwelling unit ☐ Other

(c) Name of Special Dwelling Place | Code

10. What is the telephone number here? ☐ No phone

11. What is the best time to call?

12. Are there any other living quarters, occupied or vacant, in this building (apartment)? ☐ Yes ☐ No

Ask at all units except apartment houses

13. Is there any other building on this property for people to live in - either occupied or vacant? ☐ Yes ☐ No

14. Does anyone else living in this building use YOUR ENTRANCE to get to his living quarters? ☐ Yes ☐ No

INSTRUCTIONS

If "Yes" to questions 12, 13 or 14 apply definition of a dwelling unit to determine whether one or more additional questionnaires should be filled and whether the listing is to be corrected.

15. RECORD OF CALLS AT HOUSEHOLDS

Item		1	Com.	2	Com.	3	Com.	4	Com.	5	Com.
Entire household	Date										
	Time										
Callbacks for individual respondents	Date										
Col. No.	Time										

16. REASON FOR NON-INTERVIEW

TYPE:	A	B	C	Z
Reason:	☐ Refusal ☐ No one at home - repeated calls ☐ Temporarily absent ☐ Other *(Specify)*	☐ Vacant - Non-seasonal ☐ Vacant - seasonal ☐ Usual residence elsewhere ☐ Armed Forces ☐ Other *(Specify)*	☐ Demolished ☐ No sample by mistake ☐ Eliminated in sub-sample ☐ Other *(Specify)*	Interview not obtained for: Cols. ____ ____ ____ ____ ____ because:

Comments on non-interview

17. Signature of Interviewer:

18. Code:

Special instructions or notes

EDITING RECORD FOR OFFICE USE ONLY

a. Result of edit	b. Type of follow-up	d. Edited	e. Re-edited	f. Re-edited
☐ Passed ☐ Passed (EPQ) ☐ Failed - no follow-up ☐ Failed - follow-up	☐ Office telephone ☐ Interviewer telephone ☐ Personal c. Result of follow-up ☐ Completed ☐ Non-interview	Editor Date	Editor Date	Editor Date

	Last name
1. (a) What is the name of the head of this household? (Enter name in first column) (b) What are the names of all other persons who live here? (List all persons who usually live here, and all persons staying here who have no usual place of residence elsewhere. List these persons in the prescribed order.) (c) Do any (other) lodgers or roomers live here? ☐ No ☐ Yes (List) → (d) Is there anyone else who lives here who is now away on business? On a visit? Temporarily in a hospital? ☐ No ☐ Yes (List) → (e) Is there anyone else staying here now? ☐ No ☐ Yes (List) → (f) Do any of these people have a home elsewhere? ☐ No (Leave on questionnaire) ☐ Yes (If not a household member, delete)	First name and initial
2. How are you related to the head of the household? (Enter relationship to head, for example: head, wife, daughter, grandson, mother-in-law, partner, lodger, lodger's wife, etc.)	Relationship
3. Race (Check one box for each person)	☐ White ☐ Negro ☐ Other
4. Sex (Check one box for each person)	☐ Male ☐ Female
5. How old were you on your last birthday?	Age ☐ Under 1 year
6. Where were you born? (Record state or foreign country)	(State or foreign country)
If 14 years old or over, ask: 7. Are you now married, widowed, divorced, separated or never married? (Check one box for each person)	☐ Under 14 years ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Never married
If 14 years old or over, ask: 8. What is the highest grade you completed in school? (Circle highest grade completed or check "None")	☐ None ☐ Under 14 years Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+

If Male and 14 years old or over, ask:

9. (a) Did you ever serve in the Armed Forces of the United States? If "Yes," ask:
   (b) Are you now in the Armed Forces, not counting the reserves? (If "Yes," delete this person from questionnaire) →
   (c) Was any of your service during a war or was it peace-time only? If "War," ask:
   (d) During which war did you serve? If "Peace-time" only, ask:
   (e) Was any of your service between June 27, 1950 and January 31, 1955?

☐ Pens. or und. 14 yrs.
☐ Yes ☐ No
☐ Yes ☐ No
☐ War ☐ Peace-time only
☐ Spanish American ☐ WW-II
☐ WW - I ☐ Korean
☐ Yes ☐ No

If 6 years old or over, ask:

10. (a) What were you doing most of the past 12 months --
    (For males over 16): working, looking for work, or doing something else?
    (For females over 16): working, looking for work, keeping house, or doing something else?
    (For children 6 - 16): going to school or doing something else?
    If "Something else" checked, and person is 50 years old or over, ask:
    (b) Are you retired?

☐ Under 6 years
☐ Working
☐ Looking for work
☐ Keeping house
☐ Going to school
☐ Something else
☐ Yes ☐ No

I Interview each adult person for himself for questions 11-26 and Tables I, II, and A, if he is at home. Enter column number of respondent in each column.

☐ Responded for self
Col. No. _____ was respondent

Be sure interested in all kinds of illness, whether serious or not --

11. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (a) What was the matter? (b) Anything else? — ☐ Yes ☐ No
12. Last week or the week before did you have any accidents or injuries, either at home or away from home? (a) What were they? (b) Anything else? — ☐ Yes ☐ No
13. Last week or the week before did you feel any ill effects from an earlier accident or injury? (a) What were these effects? (b) Anything else? — ☐ Yes ☐ No
14. Last week or the week before did you take any medicine or treatment for any condition (besides ...which you told me about)? (a) For what conditions? (b) Anything else? — ☐ Yes ☐ No
15. AT THE PRESENT TIME do you have any ailments or conditions that have continued for a long time? (If "No") Even though they don't bother you all the time? (a) What are they? (b) Anything else? — ☐ Yes ☐ No
16. Has anyone in the family - you, your--, etc. - had any of these conditions DURING THE PAST 12 MONTHS? (Read Card A, condition by condition; record any conditions mentioned in the column for the person) — ☐ Yes ☐ No
17. Does anyone in the family have any of these conditions? (Read Card B, condition by condition; record any conditions mentioned in the column for the person) — ☐ Yes ☐ No

Table I - ILLNESSES, IMPAIRMENTS AND ACCIDENTS

Line Number	Col. No. of person (a)	Question No. (b)	(c)	Did you ever talk to a doctor about ...?	What did the doctor say it was? -- did he use any medical terms? (If doctor not talked to - "No," in col. (c) - record respondent's description) (If ill-effects of earlier accident also fill Table A) For an accident or injury occurring during past 2 weeks, ask: What part of the body was hurt? What kind of injury was it? Anything else? (Also, fill Table A) (d-1)	If an impairment or symptom, ask: What was the cause of ...? (If cause is already entered in (d-1) circle "X" without asking the question) (If accident or injury, fill Table A) (d-2)	(If eye trouble of any kind and 8 years old or over, ask: Can you read ordinary newspaper print with glasses?) (d-3)	What kind of ...trouble is it? (If kind of trouble already entered in col. (d-1), circle "X" without asking the question) (d-4)	What part of the body was affected? (If part of body can be determined from entries in cols. (d-1) through (d-4), circle "X" without asking the question) (d-5)	LAST WEEK OR THE WEEK BEFORE did ...cause you to cut down on your usual activities for as much as a day? Check one: No (Go to Col. (k)) (e) / Yes (f)
1				☐ Yes ☐ No	X	☐ Yes ☐ No	X	X		

Table II - HOSPITALIZATION DURING PAST 12 MONTHS

Line Number	Col. No. of person (a)	Question No. (b)	When did you enter the hospital? (Month, Year) (c)	How many days were you in the hospital, not counting the day you left? (d)	To interviewer: How many of these--days were in the past 12 months? (e)	To interviewer: How many of these--days were during the past 2 weeks, ending last Sunday? (f)	To interviewer: Was this person still in the hospital last Sunday night? (Verify that 60 body days after Sunday are in Col. d) (g)	What was the matter? Anything else? (Record each condition in same detail as called for in Table I. If condition is result of accident or injury, also fill Table A) (h)
1			No. _____ Year _____	_____ Days	☐ All or _____ Days	_____ Days	☐ Yes ☐ No	

TABLE A (Accidents and Injuries)

Line No. from Table I: ☐

1. What part of the body was hurt? What kind of injury was it? Anything else? — ☐ Accident happened during past 2 weeks
2. When did it happen? Month _____ Year _____ (Enter only the year if prior to 1950) — ☐ Accident happened during past 2 weeks
3. Where did the accident happen? ☐ At home (inside or outside the house) ☐ While in Armed Services ☐ Some other place
4. Was a car, truck, bus or other motor vehicle involved in the accident in any way? ☐ Yes ☐ No
5. Were you at work at your job or business when the accident happened? ☐ Yes ☐ No ☐ Under 14 years at time of accident

MEDICAL CARE

18. (a) LAST WEEK OR THE WEEK BEFORE did anyone in the family - you, your--, etc.- talk to a doctor or go to a doctor's office or clinic? Anyone else? ☐ Yes ☐ No (skip to q. 20)

If "Yes"

(b) How many times during the past 2 weeks? _____ No. of times

(c) Where did you talk to the doctor?

(d) How many times at -- (home, office, clinic, etc.)?

(Record total number of times for each type of place)

Place	Times
At home.....	
At office.....	
Hospital clinic.....	
Company or industry...	
Over telephone.....	
Other (Specify).....	

19. What did you have done? (1) (2) (3)

If more than one visit or telephone call:

What did you have done on the {first / second / etc.} visit (or telephone call)?

☐☐☐ Diag. or treatment
☐☐☐ Pre/post natal care
☐☐☐ Gen'l check-up
☐☐☐ Immun./Vacc.
☐☐☐ Eye exam. (glasses)
☐☐☐ Other (Specify)

20. If "No" to q. 18a, ask: _____ Mos. or _____ Yrs.

How long has it been since you last talked to a doctor? ☐ Less than 1 mo. ☐ Never

DENTAL CARE

21. (a) Last week or the week before did anyone in the family go to a dentist? Anyone else? ☐ Yes ☐ No (skip to q. 23)

If "Yes"

(b) How many times during the past 2 weeks? _____ No. of times

22. What did you have done? (1) (2) (3)

If more than one visit:

What did you have done on the {first / second / etc.} visit?

☐☐☐ Fillings
☐☐☐ Extractions or other surgery
☐☐☐ Straightening
☐☐☐ Treatment for gums
☐☐☐ Cleaning teeth
☐☐☐ Other (Specify)

If "No" to q. 21a, ask: _____ No. or _____ Yrs.

23. How long has it been since you went to a dentist? ☐ Less than 1 mo. ☐ Never

24. Is there anyone in the family who has lost all of his teeth? ☐ Yes ☐ No

HOSPITAL CARE

25. (a) DURING THE PAST 12 MONTHS has anyone in the family been a patient in a hospital overnight or longer? ☐ Yes (Table II) ☐ No

If "Yes":

(b) How many times were you in the hospital? _____ No. of times

26. (a) During the past 12 months has anyone in the family been a patient in a nursing home or sanitarium? ☐ Yes (Table II) ☐ No

If "Yes"

(b) How many times were you in a nursing home or sanitarium? _____ No. of times

27. During the past 12 months in which group did the total income of your family fall, that is, your's, your --'s, etc.? (Show Card H) Include income from all sources, such as wages, salaries, rents from property, pensions, help from relatives, etc. Group No.

Table I - ILLNESSES, IMPAIRMENTS AND ACCIDENTS

How many days, including the 2 weekends? (g)	How many of these -- days were you in bed all or most of the day? (h)	If 6 years old or over, ask: Last week or the week before would you have been working at a job or business (going to school) except for ...? (i)	If "Yes" in col. (i): How many days did ... keep you from work (going to school)? (j)	Did you first notice ... DURING THE PAST 3 MONTHS or before that time? Check one: Before 3 months (k)	During 3 months (l)	Did ... start during the past 2 weeks or before that time? (If during past 2 weeks, ask): Which week, last week or the week before? (m)	To interviewer: If Col. (k) is checked or the condition is on either one of Cards A or B, continue; otherwise, STOP (ns)	Did you first notice ... DURING THE PAST 12 MONTHS or before that time? (If during past 12 months, ask): Which month? (o)	When did you last talk to a doctor about...? (Month and year - Year only if prior to 1956) (o)	Do you still take any medicine or treatment that the doctor prescribed for ...? Or, follow any advice he gave? (p)	About how many days during the past 12 months, has ... kept you in bed for all or most of the day? (q)	Please look at this card and read each statement. Then tell me which statement fits you best. (Show Cards C-F, as appropriate) (r)	If "1," or "2" or "3" in Col. (r) ask: Please look at this card and tell me which of these statements fits you best. (Show Card G) (s)	Line Number
_____ Days	_____ Days or ☐ None	☐ Yes ☐ No	_____ Days or ☐ None			☐ Last ☐ Before 2 wks. ☐ Week before		No. _____ Yr. _____ ☐ Before ☐ Birth	No. _____ Yr. _____ ☐ No Dr.	☐ Yes ☐ No ☐ No Dr.	_____ Days or ☐ None			1

Table II - HOSPITALIZATION DURING PAST 12 MONTHS

Were any operations performed on you during this stay in the hospital?

If "Yes":

(a) What was the operation?

(b) Any other operations?

(i)

☐ Yes →
☐ No

What is the name and address of the hospital you were in?

(Enter name, city or county, and State)

(j)

Line Number 1

FOOTNOTES AND COMMENTS

Card A

NATIONAL HEALTH SURVEY

Check List of Chronic Conditions

1. Asthma
2. Any allergy
3. Tuberculosis
4. Chronic bronchitis
5. Repeated attacks of sinus trouble
6. Rheumatic fever
7. Hardening of the arteries
8. High blood pressure
9. Heart trouble
10. Stroke
11. Trouble with varicose veins
12. Hemorrhoids or piles
13. Gallbladder or liver trouble
14. Stomach ulcer
15. Any other chronic stomach trouble
16. Kidney stones or other kidney trouble
17. Arthritis or rheumatism
18. Prostate trouble
19. Diabetes
20. Thyroid trouble or goiter
21. Epilepsy or convulsions of any kind
22. Mental or nervous trouble
23. Repeated trouble with back or spine
24. Tumor or cancer
25. Chronic skin trouble
26. Hernia or rupture

Card B

NATIONAL HEALTH SURVEY

Check List of Impairments

1. Deafness or serious trouble with hearing.
2. Serious trouble with seeing, even with glasses.
3. Condition present since birth, such as cleft palate or club foot.
4. Stammering or other trouble with speech.
5. Missing fingers, hand, or arm.
6. Missing toes, foot, or leg.
7. Cerebral palsy.
8. Paralysis of any kind.
9. Any permanent stiffness or deformity of the foot or leg, fingers, arm, or back.

Card C

NATIONAL HEALTH SURVEY

For:

Workers and other persons except Housewives and Children

1. Cannot work at all at present.
2. Can work but limited in amount or kind of work.
3. Can work but limited in kind or amount of outside activities.
4. Not limited in any of these ways.

Card D

NATIONAL HEALTH SURVEY

For: Housewife

1. Cannot keep house at all at present.
2. Can keep house but limited in amount or kind of housework.
3. Can keep house but limited in outside activities.
4. Not limited in any of these ways.

Card E

NATIONAL HEALTH SURVEY

For:

Children from 6 to 16 years old and others going to school

1. Cannot go to school at all at present time.
2. Can go to school but limited to certain types of schools or in school attendance.
3. Can go to school but limited in other activities.
4. Not limited in any of these ways.

Card F

NATIONAL HEALTH SURVEY

For: Children under 6 years old

1. Cannot take part at all in ordinary play with other children.
2. Can play with other children but limited in amount or kind of play.
4. Not limited in any of these ways.

Card G

NATIONAL HEALTH SURVEY

1. Confined to the house all the time, except in emergencies.
2. Can go outside but need the help of another person in getting around outside.
3. Can go outside alone but have trouble in getting around freely.
4. Not limited in any of these ways.

Card H

NATIONAL HEALTH SURVEY

Family Income during past 12 months

1. Under $500 (including loss)
2. $500 - $999
3. $1,000 - $1,999
4. $2,000 - $2,999
5. $3,000 - $3,999
6. $4,000 - $4,999
7. $5,000- $6,999
8. $7,000 - $9,999
9. $10,000 and over.

since a physician was last consulted for any reason at all.

Similar information is then obtained regarding dental care, except that there is no question about the place of the dental visit (page 7). An additional question in the dental care section identifies those persons, if any, in the household who have lost all of their teeth.

The final section of the interview, aside from the question about income and certain items which must be completed for the front page of the questionnaire, is the section on hospitalization (page 7). As in the case of the illness-recall questions, the system in the hospitalization section is to identify first all periods of hospitalization experienced by members of the household (questions 25 and 26) and then to carry each of these through Table II (pages 6-7) to determine the characteristics of the period of hospitalization. Two questions are asked in order to identify the hospitalizations. The second of these, question 26, is addressed to stays in nursing homes and sanitariums. This is done to assure completeness in the reports of hospitalization, since the respondent cannot be expected to know whether a particular institution called a "nursing home" or a "sanitarium" is actually classed as a hospital or not. The determination of whether the institution is actually a hospital or not is made after checking the name of the hospital against lists that are maintained in the office.

The information obtained about each period of hospitalization is as follows:

1. The month and year of admission.
2. The length of stay in days.
3. How many of the days were within the year prior to the week of the interview.
4. Whether the person was still in the hospital at the beginning of the week of the interview.
5. The most accurate description the respondent is capable of giving about the nature of the condition which occasioned the stay in the hospital.
6. The names of any operations performed.
7. The name and address of the hospital.

As in Table I, any injuries reported in Table II are carried to Table A to get the data on accidents.

An important aspect of the sections of the interview covering medical care, dental care, and hospitalization is that these are independent of the section dealing with morbidity conditions. For example, there is no attempt to make sure that every report of a visit to a physician for "diagnosis or treatment" corresponds to a condition in Table I. The only exception to this rule is that reports of hospitalized conditions in Table II which have not been previously entered in Table I are added to Table I if it can be definitely determined that they meet one of the criteria for inclusion in Table I.

There are three reasons for this separation of the sections. First, it simplifies the work of the interviewer; second, it simplifies the analysis; and, third, it makes it possible to omit one section of the interview from the survey with a minimum of effect upon the data from the other sections.

The front page of the questionnaire serves two purposes. The first is to provide space for a record of interviewing and certain information about the dwelling unit; the second is to provide for a record of certain office operations. The numbered spaces to be filled in on the front page are referred to as "items" to distinguish them from the numbered "questions" in the main part of the interview.

Most of these items are used primarily for administration and control of the survey. Only a few comments will be included here.

Item 3, "Identity Code," is the geographic location code which permits the analysis of the sample results by degree of urbanization of the residence of the household members.

Items 9-14 are filled out after the main part of the interview is completed. Item 9, "Is this house on a farm or ranch?" provides the basis for a separation of rural population into "farm" and "nonfarm." The interviewer checks "No" without asking the question if the dwelling unit is located in a built-up urban area.

Items 10 and 11 are asked in order to facilitate calling back for information that has been missed in the interview and to help in the scheduling of reinterviews.

Items 12-14 are included to help make sure that no household that should be in the sample is skipped.

Time References in the Interview

In describing the interview nothing has been said up to this point about the period of time which respondents are asked to have in mind for the reporting of conditions, medical and dental visits, and hospitalizations. This is a feature of the interview which warrants special attention because of the bearing it has upon the completeness of reporting and the possibilities for analysis of the data. Previous experience in surveys of morbidity has demonstrated that the memory of respondents has definite limitations. Apparently, the longer the period of time prior to the interview for which recall is requested, the less complete the reporting will be and the more error will be encountered in the placing of events in time. As might be expected, there is apparently a positive correlation between the significance or seriousness of the event and the length of time over which usefully accurate recall can be expected.

While much remains to be learned about this subject, the knowledge available at the time the Health Household-Interview Survey was planned was used in deciding what recall periods should be used.

In the first place, the period of time covered by the questioning terminates, to be exact, at Sunday midnight before the calendar week in which the interview is conducted. Thus, the beginning of the calendar week of interviewing is considered to be "the present time." Experience after that time is disregarded. The interviewers are given assignments of interviewing which are scheduled to be completed in a calendar week. A good deal of the interviewing is completed on Monday, Tuesday, and Wednesday, but call-backs for households where no one was found home at the first call often cause the completion of the assignment to be delayed until the later part of the week, and occasionally it will stretch out into the following week. When this happens the time reference point is shifted forward a week.

Measuring backward in time from the beginning of the interview week there are three time periods with which the interview is concerned, and great care is taken to make sure that the respondent understands which one is being referred to. These time periods are: the previous 2 weeks, the previous 3 months, and the previous year.[2]

The fortnight prior to the week of interview is the period referred to in all questions having to do with current illnesses and injuries, current disability in terms of days of restricted activity, days confined to bed, and days lost from work or school, and number of physician and dental visits.

While the use of the 2-week period assures reasonable accuracy in the completeness of reporting of current illnesses, injuries, and physician and dental visits, the shortness of the period makes it impossible to derive certain useful types of distributions. For example, it would be useful to know the relative frequency of illnesses causing less than 7 days of bed disability, 7-13 days, 14-29 days, and so forth, but this cannot be done accurately with a short reference period. However, the total number of days of bed disability can be estimated from the total of all bed-days falling within the 2-week period, including those associated with conditions having their onset before the 2-week period. Furthermore, an approximate average number of bed-days per case can be estimated by dividing the total number of days by the number of conditions having their onset within the 2-week period.

Similar considerations apply to estimates of medical and dental visits. The distribution of persons according to the number of medical or dental visits they have had in the 2-week period is of limited value because of the shortness of the time period, but the total number of visits can be more accurately estimated and averages can be computed, as, for example, the average number of dental visits per person per year.

The 3 months prior to the week of the interview is referred to in the interview only in connection with the determination of whether a condition is to be considered acute or chronic. The application of this time reference is discussed under the definition of "Chronic condition" on page 16. There it will be noted that, with the exception of conditions which because of their nature are assumed to be chronic, 3 months is taken as the dividing line between acute and chronic conditions.

The period of a year prior to the week of interview is referred to in a number of places in the interview. First, it is referred to twice in the section dealing with socioeconomic characteristics of the household members. The major activity of each person during "the past 12 months" is obtained. (See definition of "Major activity" on page 25.) The amount of the family's income in the prior year is also sought.

Those conditions which are assumed a priori to be chronic are contained on two lists which are read to the respondent (page 8). If a member of the household is reported to have "had any of these conditions during the past 12 months," he is assumed to have it at the present time, and the condition is listed on the questionnaire. On the other hand, if the last experience of any sort with the condition was over 12 months before the interview week, the condition is not listed.

Other places in the interview where the period of a year is used are as follows:

1. For each chronic condition reported, the respondent is asked whether it was first noticed "during the past 12 months or before that time." Any first noticed in the prior year are considered to be new conditions and are used in estimates of the number of new cases of chronic conditions.
2. The prior year is the period for which the respondent is asked to give the approximate number of days spent in bed on account of a chronic condition.
3. The prior year is also the period for which hospitalization information is sought.

The choice of a 1-year time reference in various parts of the interview was made for one or more of three general reasons, the reasons being different for different items.

First, those events which the survey enumerates that are major happenings in the life of an individual, such as admission to a hospital, tend to occur more rarely and, hence, the longer period of time is needed to provide enough data for analysis. Fortunately, such events are also likely to be remembered accurately over a longer period of time.

Second, the year is a natural unit for recalling major events since there is usually an annual cycle of dates (such as birthdays, holidays, and the beginning of school) which can be used by the respondent as a means of establishing the approximate

[2] For certain special purposes the 2-week period is also subdivided into "last week" and the "week before." See column (m) of Table I on the questionnaire.

date of episodes of hospitalization, the first illness from a chronic disease, and so forth.

Finally, some chronic diseases are characterized by attacks of illness separated by fairly long periods when the person feels relatively well. If the period of time referred to in the interview is short, it is less likely to include one of the attacks. Since it is the attacks that are remembered best, the longer time period will sometimes elicit reports of additional chronic conditions which are still present but have caused no recent trouble.

In choosing time references for use in the interview it was also important to introduce only a minimum number of different ones. It can readily be seen that referring to five or six different time periods, for example, is likely to confuse the respondent and result in erroneous replies. Hence, the number has been kept to three: the 2-week period, the 3-month period, and the year, each terminating at the beginning of the week of interview.

3. THE CONCEPT OF MORBIDITY

Before questions to be used in the interview are drafted there must be an understanding about what is to be considered as morbidity for the purpose of the survey. For the Health Household-Interview Survey the underlying concept of morbidity can be stated as follows:

1. Morbidity is basically a departure from a state of physical or mental well-being, resulting from disease or injury, of which the affected individual is aware. It includes not only active or progressive disease but also impairments, that is, chronic or permanent defects that are static in nature, resulting from disease, injury, or congenital malformation. The existence of morbidity in an individual caused by a particular disease, injury, or impairment is called a "morbidity condition," or simply a "condition."
2. During the course of this condition there may be one or more periods when the affected individual considers himself to be "sick" or "injured." These periods are spoken of as illnesses. The period or periods of illness may coincide with the period during which the condition exists, or they may cover only a part of that period. A condition may involve no illness, in the usual sense of the word. Hence, illness is only one form of evidence of the existence of a morbidity condition. Other evidence might be: a decrease in or complete loss of ability to perform various functions, particularly those of the musculoskeletal system or the sense organs; or a change in the appearance of the body, such as a rash or a lump, believed to be abnormal by the person affected.
3. For the purposes of this survey the concept of a morbidity condition is usually further limited by specifying that it includes only conditions as a result of which the person has taken one or more of various actions. Such actions might be the restricting of usual activities, including going to bed, the seeking of medical advice, or the taking of medicines.
4. The start, or onset, of the condition is conceived to be the time when the person first becomes aware that he has it. If there is an illness associated with the condition, the start, or onset, is usually the time when the illness begins or the injury occurs. In some instances it may be the time when a physician tells the person that he has a condition of which he was previously unaware.
5. In the statement of this concept there has been reference to the individual's awareness of his condition and to the individual's actions as a result of the condition. In the case of children the statement must obviously be modified. It is not the child's awareness or the child's action which establishes the existence of a morbidity condition. Instead, it is the awareness and action of the people responsible for the care of the child, usually the parents. A similar modification applies to adults who are not competent to care for themselves.

The introduction of a criterion of action into the concept of a morbidity condition deserves further explanation. Exceptions will be made to this action requirement if it seems appropriate; however, the rule has justification from the standpoint of both logic and practical utility. If the condition is of so little importance to the individual that, although aware of it, he takes no action of any sort, in the vast majority of instances it is of little health significance. Furthermore, the experience of earlier surveys reveals that there is a considerable degree of response error in the reporting of illness which has involved no disability or medical consultation. These minor illnesses seem to be subject to a good deal more memory bias and reporting variability than those which have affected the life of the individual to the extent that specific forms of action have been taken.

It must be recognized that something is lost in the process of transforming a concept of the sort that has been described into an operational procedure for measuring morbidity. In an interview survey the need for objectivity and simplicity necessarily modifies the concept. Nevertheless, the concept serves as a guide in framing the questions and instructions for the interview and in planning the coding and tabulating specifications. To the extent that the original concept is modified in the process of constructing an operational procedure, the questions, the instructions, the tabulating specifications, and, in fact, the whole structure of the survey becomes the actual working definition of morbidity.

The interview, then, is only the first phase of the process of transforming the underlying concept into an instrument of measurement. In choosing the wording for the questions that were to be used to elicit reports of conditions for the Health Household-Interview Survey it was necessary to cover all the aspects of morbidity that the original concept required. If the respondent did not associate the condition with the wording of one of the questions, the condition would not be reported. Furthermore, it was desirable to jog the memory of the respondent to minimize the losses due to memory failure. These requirements led to the use of a series of questions approaching morbidity from a variety of directions. These are the illness-recall questions referred to earlier.

It was understood that these questions might lead to the reporting of something outside the original concept of morbidity. However, the descriptive information obtained about each condition could be used to set up tabulating criteria that would serve to sort out the desired conditions.

The Unrefined Data

The illness-recall questions, Questions 11-17, and the questions on hospitalization, Questions 25-26 and, particularly, Column (h) in Table II, are the source of the original data on morbidity conditions from the interview (pages 6 and 7). In order to determine how well these questions cover the concept of morbidity that has been described, it is necessary to review briefly each question, or set of questions, and to make clear the intended purpose of each.

A. Acute conditions.—Referring to the questionnaire it will be seen that questions 11-14 are intended to secure reports of illnesses and injuries that were experienced at any time in the 2 calendar weeks prior to the interview. The key words here are: "sick," "accident or injury," "ill effects from an earlier accident or injury," and "take medicine or treatment for any condition." Almost all of the acute conditions reported come from these questions since most acute conditions manifest themselves in the form of illnesses or involve the taking of some form of medicine or treatment. Chronic conditions are also reported in answer to these questions if they happen to have made the person feel sick during this 2-week period or if they are of the type that make the person feel sick all the time.

B. Chronic conditions.—Since many chronic diseases and impairments of public health importance are not thought of as illness by respondents, or result in illness only at intervals, separate questions are included specifically for the purpose of obtaining reports of chronic conditions of which the respondent is aware. These are questions 15-17 on the questionnaire.

The key words in these questions are: "ailments or conditions that have lasted for a long time," and also 26 types of chronic diseases and 9 types of physical impairments listed on Cards A and B (page 8). The reading of check lists of the sort contained on these cards has been shown by experience to be an effective device for stimulating the memory of the respondent. As pointed out earlier, if such questions as these result in the reporting of conditions for which no action of any kind has been taken, other data on the questionnaire may be used to screen out such conditions in the tabulations.

C. Hospitalized illness.—The questions on hospitalization, questions 25 and 26, serve a dual purpose. The hospitalization is a part of the picture of medical care utilization, and the illness is a part of the picture of morbidity in the population.

The Sifting Criteria

So far we have been dealing with the initial responses to a series of questions about morbidity conditions. The descriptive information about each condition obtained in Tables I and II on the questionnaire (pages 6 and 7) is used to separate the chronic conditions from the total and to establish further criteria which define the morbidity that is tabulated. The chronic conditions are those listed on Cards A and B and also any others present at the time of the interview which had their onset 3 months or more before the week of interview. The acute conditions are all other conditions reported.

As has been previously stated, the hospitalized illness, having been recorded separately on the questionnaire with only a minor amount of interrelationship to the other illness data, is analyzed, by and large, as a separate body of data.

The criteria applied at the coding or tabulating stage to sift out the conditions which fit the original concept of morbidity are not considered to be unalterable. In general they are designed to put into effect the principle that a morbidity condition must have resulted in some sort of action on the part of the individual concerned. Different criteria will be applied for different types of morbidity conditions and for different purposes.

At the present time only those acute illnesses and injuries which have resulted in a day or more of restricted activity or in seeking the advice of a physician are coded and tabulated.

All chronic conditions, including both diseases and impairments, which are recorded on the questionnaire are coded,[3] but criteria similar to those for acute conditions are introduced in the course of data tabulation. The same set of criteria will not be used in all tabulations, however, and for certain purposes these requirements will be omitted. In the case of impairments, for example, it is felt that the reduced ability to function implied by the description of the impairment (e.g., defective vision, blindness, ankylosed joint, and paralysis), is by itself sufficient criterion of the effect upon the life of the individual. Hence, in tabulations of impairments all conditions reported will usually be included. In dealing with hospitalized illness the only usual cutoff for tabulating purposes will be the dividing line between hospitals and other types of institutions reported in questions 25 and 26. The name and address of the institution is obtained in column (j) of Table II, and this is used to determine whether it is a hospital according to the definition adopted for the survey. (See definition of "Hospital episode" on page 21.).

The Diagnostic Information

The attainable objectives in determining the nature of the condition in a household interview are quite naturally limited by the method employed to collect the information. The interview includes questions such as: "What was the matter?" "What did the doctor say it was? Did he use any medical terms?" "What was the cause of your husband's dizzy spells?" "What kind of kidney trouble was it?" The accuracy and completeness of the replies to such questions depend upon the respondent's knowledge of the nature of the condition and upon his willingness to pass on this knowledge to the interviewer.

The reliability of the statements on the nature of the condition is undoubtedly quite different for attended and unattended conditions. In ascertaining the nature of attended conditions the respondent is asked to tell the interviewer what the physician has told the family. It should be clearly understood that accomplishing this successfully is the most that one can hope to do in establishing a diagnosis for an attended condition by the household-interview technique, without making use of additional sources.

With regard to unattended conditions there is no doubt that the respondent often attempts self-diagnosis or diagnosis of other family members. For some types of unattended conditions the diagnoses supplied by respondents are probably reasonably accurate. These include such conditions as injuries, the common cold, simple functional digestive disorders, corns, stys, the common communicable diseases of childhood when an unattended case follows an attended case in the family, and so forth.

Nevertheless, for most unattended cases the most that can be expected is to secure good symptomatic descriptions of the conditions.

For these reasons the approach in the Health Household-Interview Survey will usually be to tabulate detailed diagnostic groupings only for attended conditions. For unattended conditions there will ordinarily be classification by body systems only, having in mind the symptomatic nature of much of the information.

4. THE CONCEPT OF DISABILITY

The term "disability" has several common usages. For example, a "disability" often means a condition that interferes with ability to work. Also, conditions are frequently classified as producing temporary partial, temporary total, permanent partial, or permanent total "disability." In this sense the various degrees of "disability" have some legal, or official definition that is related to compensation. Then there is the term "disabling" which has been used in illness surveys for many years to describe a condition which prevents the individual from carrying on his usual activities for one or more days.

It has been observed that speaking of a "disabling condition," as the term has been used in surveys, meant to some people no less than severe chronic disability, despite the fact that the range of conditions covered might include such minor disability as the case of the common cold that laid the person up for a day or two.

Because the other usages had gained such wide acceptance in certain fields it was decided not to employ the term "disability" in this survey except in a very general sense where it is intended to cover the whole field of interference with activities caused by disease, injury, or impairment (in much the

[3] There is a procedure, however, for "merging" into one condition two or more lines of Table I for the same individual which seem to be merely different ways of stating the same condition. The procedure applies to both acute and chronic conditions, but it is used more frequently for the latter type.

same way that the term "morbidity" is used for a generic rather than a specific concept) and also where other words used with it make clear the desired meaning, as in "bed disability." For other specific indices of disability new terms that are more descriptive of the concepts of the survey have been and will be introduced. Furthermore, it was decided that the Health Household-Interview Survey needed, not one, but several different specifically defined indices of disability to serve different purposes. These are presented under the general heading of "Terms Relating to Disability" on page 19.

The disability terms used in this survey may be grouped into three categories: (1) terms describing the individual's status during a specified day, or number of days, which are equally applicable to acute conditions or chronic conditions, to all members of the population, and to any day of the week, e.g., restricted-activity day and bed-disability day; (2) terms describing the individual's status during a specified day, or number of days, which apply to both acute and chronic conditions but only to certain members of the population on days when they would have been working at a job or business, or going to school, if it had not been for their condition, e.g., work-loss day and school-loss day; and (3) terms applying only to chronic conditions, or persons with one or more chronic conditions, which describe their usual status "at the present time," meaning in this case during recent months, e.g., "chronic activity limitation" and "chronic mobility limitation."

Since these terms were devised for use in this survey and have special meanings, it is especially important that the user of statistics from the survey become familiar with the concepts which the terms represent.

5. THE CONCEPTS OF MEDICAL AND DENTAL CARE

Medical care concepts come into the interview in a number of places. There is, for example, the subject of medical consultation for a condition. For each condition listed in Table I inquiry is made as to whether the person has ever "talked to" a physician about this condition. If the answer is "Yes," the condition is classified as "medically attended." If an attended condition is chronic, there is also a question about the interval of time since a physician was last consulted.

The use of the concept of medical attendance necessitated defining the term "physician" and also defining what is meant by "talking to" or consulting a physician. The definitions are contained in the section on "Definitions and Discussion of Terms." It will be seen there that medical attendance is broadly defined. It does not imply continued attendance or consultation, nor does it require that the physician give the advice in person. The emphasis is upon the fact that the condition was brought to the attention of a physician. The initial action necessary to set in motion the procedure of diagnosis and treatment was taken. Any definition more restrictive than this would have become involved in the question of what constitutes adequate care—a question which is not a part of the subject matter of the survey.

The same concept of medical attendance is applied in determining the interval since last medical consultation for a chronic condition.

An additional piece of information concerning the medical care of chronic conditions is obtained in Table I from answers to the question: "Do you still take any medicine or treatment that the doctor prescribed for [your condition] or follow any advice he gave?" An affirmative answer to either part of this question is taken to mean that the condition is "still under care." Again, the definition reveals that "under care" is interpreted broadly. Whether a person considers himself to be "still under care" or no longer under care is dependent upon his attitude. He may have received instructions to maintain a certain regimen, but if he has long since ceased to follow the instructions he may think of himself as finished with medical care for the condition. However, the attitude reflects his past behavior and, hence, suggests what his future behavior may be in regard to the instructions. It is, therefore, believed to be a useful additional means of characterizing the chronic condition.

The other principal concepts in the area of medical care included in the interview are: the physician visit and the classification of visits by type of service. These are closely paralleled by similar concepts in the area of dental care, and the two can be discussed together. There are two major points to which attention must be directed in the definitions, which will be found under the heading of "Medical Care Terms" and "Dental Care Terms" in the section, "Definitions and Discussion of Terms." One is the inclusion in the statistics of the visit at which the service is given, not by the physician or dentist himself, but by some person, such as a nurse or dental hygienist, acting under the physician's or dentist's supervision. The other is the exclusion of the "visit" at which the service consisted of a single procedure administered identically to a number of people who all came for the same purpose.

The first rule was adopted because it was believed to give a more useful measure of the total volume of care provided, and because the concept

as defined corresponds more closely to what the layman thinks of as a visit to the physician or dentist.

The second rule, on the other hand, was introduced because certain types of service, particularly in the field of mass preventive care, seem remote from the personalized care that is implied by the terms "physician visit" and "dental visit." If a physician administers a test of hearing to every child in a school classroom it hardly seems appropriate that every child be counted as having had one physician visit. It was decided that counting such services could better be handled as a separate inquiry.

While it was recognized that the average layman responding in the interview could not give accurate, detailed information about the nature of the service performed at each visit, it was concluded that a broad grouping of the visits according to the type of service was feasible. The definitions and the method of classifying the visits are presented in the section on "Definitions and Discussion of Terms." Since some of these are quite special to the survey, it is essential that they should be studied before the data can be fully understood.

6. DEFINITIONS AND DISCUSSION OF TERMS

The Contents of the List of Terms

In this section there will be found a classified listing of terms used in reports on the Health Household-Interview Survey for the year ending June 30, 1958. These terms are alphabetically arranged for easy reference in the Index to Terms Defined on page 27.

The selection of terms to be included in the following list was a matter of judgment. No hard and fast rules were followed. However, certain types of terms have, in general, been excluded:

1. Terms used in connection with supplements to the basic questionnaire. These will be defined as needed in reports on the results of the supplements.
2. Terms of principal interest in connection with the methodology of the survey, such as "noninterview," "acceptable respondent," and so forth. Although these terms are occasionally used in reports on results of the survey, it was not considered necessary to provide formal definitions except in reports devoted to methodological matters.
3. Terms for any rates or ratios or other indices the meaning of which was believed to be self-evident from the context.
4. Terms in wide usage were excluded unless they have been given a specialized meaning in the survey or unless some special point regarding the classification needed exposition.

Definitions of additional terms and minor revisions of these definitions may appear in forthcoming statistical reports. Furthermore, as the basic questionnaire is changed new terms will be introduced. Hence, this list should be considered provisional.

General Morbidity Terms

Condition.—A morbidity condition, or simply a condition, is any entry on the questionnaire which describes a departure from a state of physical or mental well-being. It results from a positive response to one of a series of "illness-recall" questions (fig. 1). In the coding and tabulating process, conditions are selected or classified according to a number of different criteria, such as, whether they were medically attended; whether they resulted in disability; whether they were acute or chronic; or according to the type of disease, injury, impairment, or symptom reported. For the purposes of each published report or set of tables, only those conditions recorded on the questionnaire which satisfy certain stated criteria are included.

Conditions, except impairments, are coded by type according to the International Statistical Classification of Diseases, Injuries, and Causes of Death with certain modifications adopted to make the code more suitable for a household-interview type survey. For survey results for the year ending June 30, 1958, the 1948 Revision of the International Classification was used. Impairments are coded according to a special supplementary classification. (See definition of "Impairment." See also definitions of "Chronic condition," "Acute condition," "Injury condition," and "Hospitalized condition.")

Chronic condition.—A condition is considered to be chronic if (1) it is described by the respondent in terms of one of the chronic diseases on the "Check List of Chronic Conditions" or in terms of one of the types of impairments on the "Check List of Impairments" (figs. 2 and 3), or (2) the condition is described by the respondent as having been first noticed more than 3 months before the week of the interview.

Persons with chronic conditions.—The estimated number of persons with chronic conditions is based on the number of persons who at the time of the interview were reported to have 1 or more chronic conditions. (See definition of "Chronic condition.")

Acute condition.—All conditions not classed as chronic are considered to be acute. Minor acute conditions, both diseases and injuries, involving neither restricted activity nor medical attendance, are excluded from the statistics. (See definitions of "Restricted-activity day" and "Medically attended condition.")

Injury condition.—An injury condition, or simply an injury, is an acute condition of the type that is classified to the nature of injury code numbers (N800-N999) in the International Statistical Classification of Diseases, Injuries, and Causes of Death. In addition to fractures, lacerations, contusions, burns, and so forth, which are commonly thought of as injuries, this group of codes include: effects of exposure, such as sunburn; adverse reactions to immunizations and other medical procedures; and poisonings. Unless otherwise specified, the term injury is used to cover all of these.

Illness-Recall Questions

We are interested in all kinds of illness, whether serious or not -- 11. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (a) What was the matter? (b) Anything else?	☐ Yes ☐ No
12. Last week or the week before did you have any accidents or injuries, either at home or away from home? (a) What were they? (b) Anything else?	☐ Yes ☐ No
13. Last week or the week before did you feel any ill effects from an earlier accident or injury? (a) What were these effects? (b) Anything else?	☐ Yes ☐ No
14. Last week or the week before did you take any medicine or treatment for any condition (besides ...which you told me about)? (a) For what conditions? (b) Anything else?	☐ Yes ☐ No
15. AT THE PRESENT TIME do you have any ailments or conditions that have continued for a long time? (If "No") Even though they don't bother you all the time? (a) What are they? (b) Anything else?	☐ Yes ☐ No
16. Has anyone in the family - you, your--, etc. - had any of these conditions DURING THE PAST 12 MONTHS? (Read Card A, condition by condition; record any conditions mentioned in the column for the person)	☐ Yes ☐ No
17. Does anyone in the family have any of these conditions? (Read Card B, condition by condition; record any conditions mentioned in the column for the person)	☐ Yes ☐ No

HOSPITAL CARE	
25. (a) DURING THE PAST 12 MONTHS has anyone in the family been a patient in a hospital overnight or longer? If "Yes": (b) How many times were you in the hospital?	☐ Yes (Table II) ☐ No _____ No. of times
26. (a) During the past 12 months has anyone in the family been a patient in a nursing home or sanitarium? If "Yes" (b) How many times were you in a nursing home or sanitarium?	☐ Yes (Table II) ☐ No _____ No. of times

Figure 1.

Check List of Chronic Conditions

1. Asthma
2. Any allergy
3. Tuberculosis
4. Chronic bronchitis
5. Repeated attacks of sinus trouble
6. Rheumatic fever
7. Hardening of the arteries
8. High blood pressure
9. Heart trouble
10. Stroke
11. Trouble with varicose veins
12. Hemorrhoids or piles
13. Gallbladder or liver trouble
14. Stomach ulcer
15. Any other chronic stomach trouble
16. Kidney stones or other kidney trouble
17. Arthritis or rheumatism
18. Prostate trouble
19. Diabetes
20. Thyroid trouble or goiter
21. Epilepsy or convulsions of any kind
22. Mental or nervous trouble
23. Repeated trouble with back or spine
24. Tumor or cancer
25 Chronic skin trouble
26. Hernia or rupture

Figure 2.

Check List of Impairments

1. Deafness or serious trouble with hearing.
2. Serious trouble with seeing, even with glasses.
3. Condition present since birth, such as cleft palate or club foot.
4. Stammering or other trouble with speech.
5. Missing fingers, hand, or arm.
6. Missing toes, foot, or leg.
7. Cerebral palsy.
8. Paralysis of any kind.
9. Any permanent stiffness or deformity of the foot or leg, fingers, arm, or back.

Figure 3.

Since a person may sustain more than 1 injury in a single accident, e.g., a broken leg and laceration of the scalp, the number of injury conditions may exceed the number of persons injured. (See definition of "Person injured.")

As in the case of other acute conditions, acute injury conditions involving neither restricted activity nor medical attendance are excluded from the statistics.

Chronic effect of injury.—A chronic condition resulting from an injury may be either an impairment, such as paralysis, or some other type of late effect of the injury, such as arthritis. Disability from such conditions is included with that resulting directly from the injuries, unless otherwise specified.

With a few exceptions, injuries that are still giving trouble are classified according to the chronic effect of the injury if the injury occurred 3 months or more before the interview week, but to the injury itself if the injury occurred less than 3 months before.

Impairment.—Impairments are chronic or permanent defects, usually static in nature, resulting from disease, injury, or congenital malformation. They represent decrease or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. All impairments are classified by means of a special supplementary code for impairments. Hence, code numbers for impairments in the International Statistical Classification are not used. In the Supplementary Code impairments are grouped according to the type of functional impairment and etiology.

Hospitalized condition.—A hospitalized condition is a condition responsible for a hospital episode. (See definition of "Hospital episode.") If there is more than one hospitalized condition for any one episode, only that one believed to be chiefly responsible for the stay in the hospital is tabulated. If a person enters a hospital for diagnostic tests, or for an operation, the condition that made the tests or operation necessary is considered to be the hospitalized condition.

Normal delivery in a hospital is included as a hospitalized condition but care of the well, newborn infant is not.

Onset of condition.—A morbidity condition, whether acute or chronic, is considered to have had its onset when it was first noticed. This could be the time the person first felt "sick," or became injured, or it could be the time the person or his family was first told by a physician that he had a disease of which he was previously unaware. For a chronic condition, episodic in nature, the onset is always considered to be the original onset rather than the start of the most recent episode.

Incidence of conditions.—The incidence of conditions, whether acute or chronic, is the estimated number of conditions having their onset in a specified time period. The incidence may at times be limited to various subclasses of conditions, such as, "incidence of conditions involving bed disability."

For convenience in making comparisons, incidence rates per 100 or per 1,000 population are usually expressed on an annual basis, regardless of the time period to which the statistics relate. Thus, there may be weekly incidence rates on an annual basis, obtained by multiplying the weekly rate by 52, and quarterly rates on an annual basis, obtained by multiplying the quarterly rates by 4, and so forth.

Prevalence of conditions.—In general, prevalence of conditions is the estimated number of conditions of a specified type existing at a specified time or the average number existing during a specified interval of time. In the Health Household-Interview Survey two different types of prevalence estimates are used:

1. the number of cases involving restricted activity, bed disability, and so forth, on an average day (see definition of "Average number of persons with restricted activity each day"); and
2. (for the prevalence of chronic conditions only), the number of chronic cases reported to be present or assumed to be present at the time of the interview; those assumed to be present at the time of the interview are cases described by the respondent in terms of one of the chronic diseases on the "Check List of Chronic Conditions" (fig. 2) and reported to have been present at some time during the 12-month period prior to the interview.

Estimates of the prevalence of chronic conditions may be restricted to cases that satisfy certain additional stated criteria, such as, for example, cases involving a day or more in bed in the past year, or cases still under medical care.

Activity-restricting condition.—An activity-restricting condition is a condition which has caused at least 1 day of restricted activity during the 2 calendar weeks before the interview week. (See definition of "Restricted-activity day.") The incidence of acute activity-restricting conditions is estimated from the number of such conditions reported as having started in the 2-week period, but a condition starting in the 2-week period which did not result in restricted activity until after the end of that period is not included.

Bed-disabling condition.—A condition involving at least 1 day of bed disability during the 2 calendar weeks before the interview week is called a bed-disabling condition. (See definition of "Bed-disability day.") The incidence of acute bed-disabling conditions is defined in a manner analogous to the incidence of acute activity-restricting conditions.

Medically attended condition.—A condition for which a physician was consulted is called a medically attended condition. Consulting a physician in-

cludes consultation in person or by telephone for treatment or advice. Advice from the physician transmitted to the patient through the nurse is counted as medical consultation as well as visits to physicians in clinics or hospitals. If at one visit the physician is consulted about more than one condition for each of several patients, each condition is counted as medically attended.

A parent consulting a physician about a child's condition is counted as medical consultation about that condition even if the child was not seen by the physician at that time.

For the purpose of this definition "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview, rather than "physician," because of the need to keep to popular usage. However, the concept toward which all instructions are directed is that which is described here.

A condition is counted as medically attended if a physician was consulted about it at its onset or at any time thereafter. However, the first medical attention for a condition that was present in the 2 calendar weeks before the interview may not occur until after the end of the 2-week period, and, in fact, may not occur until after the interview. Such cases are necessarily treated as though there had been no medical attention.

Interval since last medical consultation for a condition.—The interval since the last medical consultation for a condition is obtained only for chronic conditions. It refers to the number of months or years prior to the week of interview since a physician was last consulted about the chronic condition. If during the course of an examination for the purpose of obtaining insurance, employment, etc., a condition was merely noted by a physician who was not giving a diagnosis, advice, or treatment, this is not counted in determining the last time a physician was consulted.

For the purposes of this definition "physician" is defined as in "Medically attended condition."

Still under care.—This information is obtained only for chronic conditions. A chronic condition which is "still under care" is one for which the person is still "under instruction" from a physician. By "under instruction" is meant one or more of the following: (1) taking certain medicine or treatment prescribed by a physician , (2) observing a certain systematic course of diet or activity, (3) visiting the physician regularly for checking on the condition, and (4) under instruction from the physician to return if some particular thing happens.

For the purposes of this definition "physician" is defined as in "Medically attended condition."

Terms Relating to Disability

Disability.—Disability is a general term used to describe any temporary or long-term reduction of a person's activity as a result of an acute or chronic condition.

Disability days are classified according to whether they are days of restricted activity, bed-days, hospital days, work-loss days, or school-loss days. All hospital days are, by definition, days of bed disability; all days of bed disability are, by definition, days of restricted activity. The converse form of these statements is, of course, not true. Days lost from work and days lost from school are special terms which apply to the working and school-age populations only, but these, too, are days of restricted activity. Hence, "days of restricted activity" is the most inclusive term used to describe disability days.

Disability of persons with chronic conditions is also described by the extent to which their major activity or their mobility is limited. (See definitions of "Chronic activity limitation" and "Chronic mobility limitation.")

Restricted-activity day.—A day of restricted activity is a day when a person cuts down on his usual activities for the whole of that day on account of an illness or an injury. The term "usual activities" for any day means the things that the person would ordinarily do on that day. For children under school age, "usual activities" depend upon whatever the usual pattern is for the child's day which will, in turn, be affected by the age of the child, weather conditions, and so forth. For retired or elderly persons, "usual activities" might consist of almost no activity, but cutting down on even a small amount for as much as a day would constitute restricted activity. On Sundays or holidays "usual activities" are taken to be the things the person usually does on such days—going to church, playing golf, visiting friends or relatives, or staying at home and listening to the radio, reading, looking at television, and so forth.

Restricted activity does not imply complete inactivity but it does imply only the minimum of "usual activities." A special nap for an hour after lunch does not constitute cutting down on usual activities, nor does the elimination of a heavy chore, such as cleaning ashes out of the furnace or hanging out the wash. If a farmer or housewife carries on only the minimum of the day's chores, however, this is a day of restricted activity.

A day spent in bed or a day home from work or school because of illness or injury is, of course, a restricted-activity day.

Bed-disability day.—A bed-disability day, sometimes for brevity referred to as a "bed-day," is a day on which a person was kept in bed either all or most of the day because of an illness or an injury. "All or most of the day" is defined as: more than half of the daylight hours. All hospital days are included as bed-disability days even if the patient was not actually in bed at the hospital.

Work-loss day.—A day is counted as lost from work if the person would have been going to work at a job or business that day but instead lost the entire work day because of an illness or an injury.

If the person's regular work day is less than a whole day and the entire work day was lost, it would be counted as a whole work day lost. Work-loss days are determined only for persons 17 years of age and over.

School-loss day.—A day is counted as lost from school if the child would have been going to school that day but instead lost the entire school day because of an illness or an injury. If the child's regular school day lasts only a part of a day and that part was lost from school, this would count as a whole day lost. School-loss days are determined only for children 6-16 years of age.

Condition-days of restricted activity, bed disability, etc.—Condition-days of restricted activity, bed disability, and so forth are days of the various forms of disability associated with any one condition. Since any particular day of disability may be associated with more than one condition, the sum of days for all conditions adds to more than the total number of person-days.

Person-days of restricted activity, bed disability, etc.—Person-days of restricted activity, bed disability, and so forth are days of the various forms of disability experienced by any one person. The sum of days for all persons in a group represents an unduplicated count of all days of disability for the group.

Average number of persons with restricted activity each day.—The average number of persons with restricted activity is computed by dividing the "Person-days of restricted activity" during a period by the number of calendar days in the period. Average number with bed disability is similarly defined.

Chronic activity limitation.—Persons with chronic conditions are classified into 4 categories according to the extent to which their activities are limited at present as a result of these conditions. Since the major activities of preschool children, school-age children, housewives, and workers and other persons differ, a different set of criteria is used for each group. There is a general similarity between them, however, as will be seen in the descriptions of the 4 categories below:

1. Persons unable to carry on major activity for their group
   - Preschool children: inability to take part in ordinary play with other children.
   - School-age children: inability to go to school.
   - Housewives: inability to do any housework.
   - Workers and all other persons: inability to work at a job or business.
2. Persons limited in the amount or kind of major activity performed
   - Preschool children: limited in the amount or kind of play with other children, e.g., need special rest periods, cannot play strenuous games, cannot play for long periods at a time.
   - School-age children: limited to certain types of schools or in school attendance, e.g., need special schools or special teaching, cannot go to school full time or for long periods at a time.
   - Housewives: limited in amount or kind of housework, e.g., cannot lift children, wash or iron, or do housework for long periods at a time.
   - Workers and all other persons: limited in amount or kind of work, e.g., need special working aids or special rest periods at work, cannot work full time or for long periods at a time, cannot do strenuous work.
3. Persons not limited in major activity but otherwise limited
   - Preschool children: not classified in this category.
   - School-age children: not limited in going to school but limited in participation in athletics or other extracurricular activities.
   - Housewives: not limited in housework but limited in other activities, such as church, clubs, hobbies, civic projects, or shopping.
   - Workers and all other persons: not limited in regular work activities but limited in other activities, such as church, clubs, hobbies, civic projects, sports, or games.
4. Persons not limited in activities
   Includes persons with chronic conditions whose activities are not limited in any of the ways described above.

Chronic mobility limitation.—Persons with chronic activity limitation of some degree as a result of one or more chronic conditions are classified according to the extent to which their mobility is

limited at present. There are 4 categories as follows:

1. Confined to the house—confined to the house all the time except in emergencies.
2. Cannot get around alone—able to go outside but needs the help of another person in getting around outside.
3. Has trouble getting around alone—able to go outside alone but has trouble in getting around freely.
4. Not limited in mobility—not limited in any of the ways described above.

Terms Relating to Persons Injured and Accidents

Person injured.—A person injured is one who has sustained an injury in an accident, or in some type of nonaccidental violence. (See definition of "Injury condition.") Each time a person is injured he is included in the statistics as a separate "person injured"; hence, one person may be included more than once.

The statistics of persons injured include only persons sustaining injuries which involved at least one full day of restricted activity or medical attendance.

Note that the number of persons injured is not equivalent to the number of "accidents" for several reasons: (1) the term "accident," as commonly used, may not involve injury at all; (2) more than one injured person may be involved in a single accident so that the number of accidents resulting in injury would be less than the number of persons injured in accidents; and (3) the term "accident" ordinarily implies an accidental origin, whereas "persons injured," as used in the U. S. National Health Survey, includes persons whose injury resulted from certain nonaccidental violence.

The number of persons injured in a specified time interval is always equal to or less than the incidence of injury conditions, since one person may incur more than one injury in a single accident or nonaccidental violence.

Class of accident.—Injuries, injured persons, and resulting days of restricted activity may be grouped according to class of accident. This is a broad classification of the types of events which resulted in persons being injured. Most of these events are accidents in the usual sense of the word, but some are other kinds of mishap, such as overexposure to the sun or adverse reactions to medical procedures, and others are nonaccidental violence, such as attempted suicide. The classes of accidents are: (1) motor-vehicle accidents, (2) accidents occurring while at work, (3) home accidents, and (4) other. These categories are not mutually exclusive. For example, a person may be injured in a motor-vehicle accident which occurred while the person was at work. Except where otherwise specified, the accident class, "motor vehicle," includes "home-motor vehicle" and "work-motor vehicle"; the accident class, "work," includes "home-work"; and therefore the class, "home accidents," excludes combinations with "work" and "motor vehicle."

Motor-vehicle accident.—The class of accident is "motor vehicle" if a motor vehicle was involved in any way. Thus, it is not restricted to moving motor vehicles or to persons riding in motor vehicles. A motor vehicle is any mechanically or electrically powered device, not operated on rails, upon which or by which any person or property may be transported or drawn upon a land highway. Any object, such as a trailer, coaster, sled, or wagon, being towed by a motor vehicle is considered a part of the motor vehicle. Devices used solely for moving persons or materials within the confines of a building and its premises are not counted as motor vehicles.

Accidents while at work.—The class of accident is "while at work" if the injured person was 14 years of age or over and was at work at a job or a business at the time the accident happened.

Home accident.—The class of accident is "home" if the injury occurred either inside the house or outside the house. "Outside the house" refers to the yard, buildings, and sidewalks on the property. "Home" includes not only the person's own home but also any other home in which he might have been when he was injured.

Other.—The class of accident is "other" if the occurrence of injury cannot be classified in one or more of the first three class-of-accident categories. This category therefore includes persons injured in public places (e.g., tripping and falling in a store or on a public sidewalk), and also nonaccidental injuries such as homicidal and suicidal attempts. The survey does not cover the military population, but current disability of various types resulting from prior injury occurring while the person was in the Armed Forces is covered and is included in this class. The class also includes mishaps for which the class of accident could not be ascertained.

Terms Relating to Hospitalization

Hospital episode.—A hospital episode is any continuous period of stay of one or more nights in a hospital as an inpatient, except the period of stay of a well, newborn infant. In statistics from the Survey for the year ending June 30, 1958, a hospital is defined as any institution meeting one of the following criteria: (1) named in the listing of hospitals in the 1956 or 1957 Guide Issue of Hospitals, the Journal of the American Hospital Association; (2) named in the listing of hospitals in the 1957 or 1958 Directory of the American Osteopathic Hospital Association; or (3) name of the in-

stitution unknown but believed by the respondent to be a hospital.

Hospital admission.—A hospital admission is a hospital episode that began during a specified period of time. (See definition of "Hospital episode.") A hospital admission is recorded whenever a present member of the household is reported to have been admitted to a hospital in the 12-month period prior to the interview week.

Hospital discharge.—A hospital discharge is a hospital episode that ended during a specified period of time. (See definition of "Hospital episode.")

A hospital discharge is recorded whenever a present member of the household is reported to have been discharged from a hospital in the 12-month period prior to the interview week.

Hospital day.—A hospital day is a day in which a person is confined to a hospital. The day is counted as a hospital day only if the patient stays overnight. Thus, a patient who enters the hospital on Monday afternoon and leaves Wednesday noon is considered to have had two hospital days.

Estimates of the total number of hospital days are derived by summing the days for all hospital episodes of a particular type. (See definition of "Hospital episode.") For example, the number of hospital days may be summed for all hospital discharges. (See definition of "Hospital discharge.")

The hospital days per year is the total number of days for all hospital episodes in the 12-month period prior to the interview week. For the purposes of this estimate episodes overlapping the beginning or end of the 12-month period are subdivided so that only those days falling within the period are included.

Number still in hospital.—The number still in hospital is the number of persons in hospitals at the beginning of the interview week.

Length of hospital stay.—The length of hospital stay is the duration in days, exclusive of the day of discharge, of a hospital discharge. (See definition of "Hospital discharge.")

Surgical operation.—A surgical operation includes any cutting or piercing of the skin or other tissue, stitching of cuts or wounds, and setting of fractures and dislocations. Deliveries are counted as operations. Injections and transfusions, however, are not included, nor are routine circumcisions.

Only operations performed in hospitals upon inpatients are included.

Operations are classified by type according to a condensed version of "Classification Codes for Surgical Operations and Procedures," published by the Bureau of Medical Services, Public Health Service, Department of Health, Education, and Welfare, September 1954.

Hospital ownership.—Hospital ownership is a classification of hospitals according to the type of organization that controls and operates the hospital. The category to which an individual hospital is assigned and the definition of these categories follows the usage of the American Hospital Association.

Type of hospital service.—Type of hospital service is a classification of hospitals according to the predominant type of cases for which they provide care. The category to which an individual hospital is assigned and the definition of these categories follows the usage of the American Hospital Association.

Short-stay hospital.—A short-stay hospital is one for which the type of service is: general; maternity; eye, ear, nose, and throat; osteopathic hospital; or hospital department of institution.

Medical Care Terms

Physician visit.—A physician visit is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. The visit is considered to be a physician visit if the service is provided directly by the physician or by a nurse or other person acting under a physician's supervision. For the purpose of this definition "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview, rather than "physician," because of the need to keep to popular usage. However, the concept toward which all instructions are directed is that which is described here.

Physician visits for services provided on a mass basis are not included in the tabulations. A service received on a mass basis is defined as any service involving only a single test (e.g., test for diabetes) or a single procedure (e.g., smallpox vaccination) when this single service was administered identically to all persons who were at the place for this purpose. Hence, persons passing through a tuberculosis chest X-ray trailer, by this definition, are not included as physician visits. However, a special chest X-ray given in a physician's office or an outpatient clinic is considered to be a physician visit.

Physician visits to hospital inpatients are not included.

If a physician is called to the house to see more than one person, the call is considered to be a separate physician visit for each person about whom the physician was consulted.

A physician visit is associated with the person about whom the advice was sought, even if that person did not actually see or consult the physician. For example, if a mother consults a physician about one of her children, the physician visit is ascribed to the child.

Place of visit.—The place of visit is a classification of the types of places at which a physician visit took place. (See definition of "Physician visit.") The definitions of the various categories are as follows:

1. Home is defined as any place in which the person was staying at the time of the physician's visit. It may be his own home, the home of a friend, a hotel, or any other place the person may be staying (except as an overnight patient in a hospital).
2. Office is defined as the office of a physician in private practice only. This may be an office in the physician's home, an individual office in an office building, or a suite of offices occupied by several physicians. For purposes of this survey, physicians connected with prepayment group practice plans are considered to be in private practice.
3. Hospital clinic is defined as an outpatient clinic in any hospital.
4. Company or industry health unit refers to treatment received from a physician or under a physician's supervision at a place of business (e.g., factory, store, office building). This includes emergency or first-aid rooms located in such places if treatment was received there from a physician or trained nurse.
5. Telephone contact refers to advice given in a telephone call directly by the physician or transmitted through the nurse.
6. Other refers to advice or treatment received from a physician or under a physician's general supervision at a school, at an insurance office, at a health department clinic, or any other place at which a physician consultation might take place.

Type of medical service.—A medical service is a service received when a physician is consulted. For the purposes of this survey, medical services have been categorized into several broad types. A single physician visit (see definition of "Physician visit") may result in the recording of more than one type of medical service (though a particular type is not recorded more than once for any one physician visit). Tables showing physician visits classified by type of medical service therefore add to more than the total number of visits. The definitions of the types of medical service are as follows:

1. Diagnosis and treatment include (a) examinations and tests in order to diagnose an illness regardless of whether the examinations and tests resulted in a diagnosis, and (b) treatment or advice given by the physician or under the physician's supervision. The category includes diagnosis alone, treatment alone, and both combined. X-rays either for diagnostic purposes or for treatment are included in this class.
2. Prenatal and postnatal care include consultations concerning the care of the mother during pregnancy and in the postpartum period. It excludes consultations for illnesses not related to pregnancy or delivery.
3. General checkup includes checkups for general purposes and also those for specific purpose, such as employment or insurance. If a diagnosis or diagnoses are made in the course of a general checkup, the physician visit is classified to "Diagnosis and treatment" as well as to "General checkup." If the consultation is for checking up on a specific condition, as, for example, when a person goes at regular intervals for a check on a tuberculous or heart condition, this is classified as "Diagnosis and treatment" and not as "General checkup."
4. Immunization includes this preventive service when provided by a physician or under a physician's supervision. A physician service which is for the sole purpose of receiving immunization against a particular disease given at the same time and place that many other persons are receiving the identical immunization is excluded because of the rule for exclusion of such services in the definition of a physician visit.
5. Eye examination refers only to the examination of the eyes by a doctor of medicine or an osteopathic physician for the purpose of establishing a need for glasses or a change in the type of glasses. Other diagnosis or treatment of eye conditions is classified under "Diagnosis and treatment."
6. Other includes specific preventive-care services (such as vitamin injections) not embraced by the above type-of-service categories. Also included are all visits where an unknown type of service was reported.

Interval since last physician visit.—The interval since the last physician visit is the length of time prior to the week of interview since a physician was last consulted in person or by telephone for treatment or advice of any type whatsoever. (See definition of "Physician visit.")

The interval is recorded to the nearest month for periods of a month or more but less than a year, and to the nearest year for periods of a year or more.

Dental Care Terms

Dental visits.—Each visit to a dentist's office for treatment or advice is considered to be a dental visit. The visit may involve services provided directly by the dentist or by a technician or a dental hygienist acting under a dentist's supervision.

Services provided while a person was a patient in a hospital for overnight or longer are not considered to be dental visits.

Type of dental service.—A dental service is a service received when a dentist or dental hygienist is visited.. For purposes of this survey, dental services have been categorized into a number of broad types. If a single dental visit involves more than one type of dental service, each type of service is recorded. If a particular type of service is rendered more than once during a single visit, the type of service is nevertheless recorded only once. For example, if during a single dental visit, 1 tooth is extracted and 3 teeth are filled, the types of services rendered during that visit are recorded as "Extractions" and "Fillings," each category being recorded only once, The categories of types of dental services are defined as follows:

1. Fillings include temporary fillings, permanent fillings, inlays, crowns, and similar procedures.
2. Extractions include any dental surgery and related activity such as removal of stitches.
3. Cleaning teeth includes all forms of dental prophylaxis.
4. Examination includes checkup, consultation, and X-rays.
5. Denture work includes taking impressions for false teeth, plate fitting or repair, and bridge work.
6. Straightening includes orthodontic treatment and brace work and also fitting or repair of braces.
7. Gum treatment includes all peridontal work, except prophylaxis.
8. Other includes all types of dental service not listed above.

Interval since last dental visit.—The interval since the last dental visit is the length of time prior to the week of interview since a dentist or dental hygienist was last visited for treatment or advice of any type whatsoever.

The interval is recorded to the nearest month for periods of a month or more but less than a year, and to the nearest year for periods of a year or more.

Edentulous persons.— Persons who have lost all of their permanent teeth or who have a congenital absence of permanent teeth are classed as edentulous persons. An edentulous person may have dentures but does not have any natural teeth.

Demographic, Social, and Economic Terms

Age.—The age recorded for each person is the age at last birthday. Age is recorded in single years and grouped in a variety of distributions depending upon the purpose of the table.

Race.—Race is recorded as "White," "Negro," or "Other." "Other" includes American Indian, Chinese, Japanese, and so forth. Mexican persons are included with "White" unless definitely known to be Indian or other nonwhite race.

Birthplace.—The place of birth is recorded in terms of the state of birth if born in the continental United States, or the country or the territory of birth if born outside the continental United States. The place of birth is the place where the person's parents were living at the time he was born, not the location of the hospital or other address at which the birth may actually have taken place. The place of birth is recorded in terms of the present boundaries rather than the boundaries at the time of birth. For example, a person born in Serbia would be recorded as "Yugoslavia."

Marital status.—Marital status is recorded only for persons 14 years of age or older. The categories of marital status are: married, widowed, divorced, separated, and never married. Persons whose only marriage was annulled are counted as "never married," Persons with common-law marriages are considered to be married. "Separated" refers to married persons who have a legal separation or who have parted because of marital discord.

Education of family head or of unrelated individuals. —Each member of a family is classified according to the education of the head of the family of which he is a member. Within the household all persons related to each other by blood, marriage, or adoption constitute a family. Unrelated individuals are classified according to their own education.

The categories of educational status show the highest grade of school completed. Only grades completed in regular schools, where persons are given a formal education, are included. A "regular" school is one which advances a person toward an elementary or high school diploma, or a college, university, or professional school degree. Thus, education in vocational, trade, or business schools outside the regular school system is not counted in determining the highest grade of school completed.

Income of family or of unrelated individuals. — Each member of a family is classified according to the total income of the family of which he is a member. Within the household all persons related to each other by blood, marriage, or adoption constitute a family. Unrelated individuals are classified according to their own income.

The income recorded is the total of all income received by members of the family (or by an unrelated individual) in the 12-month period ending with the week of interview. Income from all sources is included, e.g., wages, salaries, rents from property, pensions, help from relatives, and so forth.

Veteran status.—In order to establish veteran status, information is secured concerning service in the Armed Forces. The information is obtained only for males 14 years of age and over. The categories of service in the Armed Forces include the following: no military service, peacetime service

only, Spanish-American War service, World War I service, World War II service, Korean conflict service, and military service, period unknown.

Service in the Armed Forces means active duty for any time at all in the U. S. Army, Navy, Air Force, Marine Corps, or Coast Guard. Peacetime service in the Merchant Marine, in a National Guard unit, or in active reserve training is not considered to be service in the Armed Forces.

In cases of service in more than one war, the man is classified according to the latest war in which he served.

When males 14 years of age and over are grouped into two classes, veterans and nonveterans, men with peacetime service only are included with those having no military service as nonveterans.

Major activity.—All persons 6 years old or over are classified according to their major activity during the 12-month period prior to the week of interview. The "major" activity, in case more than one is reported, is the one at which the person spent the most time during the 12-month period.

The categories of major activity are: usually working, usually going to school, usually keeping house, retired, and other. For several reasons these categories are not comparable with somewhat similarly named categories in official Federal labor force statistics. In the first place, the responses concerning major activity are accepted without detailed questioning, since the objective of the question is not to estimate the numbers of persons in labor force categories but to identify crudely certain population groups which may have differing health problems. In the second place, the figures represent the major activity over the period of an entire year, whereas official labor force statistics relate to a much shorter period, usually one week. Finally, in the definitions of the specific categories which follow, certain marginal groups are classified in a different manner to simplify the procedures.

1. Usually working includes paid work as an employee for someone else; self-employment in own business, or profession, or in farming; and unpaid work in a family business or farm. Work around the house, or volunteer or unpaid work, such as for church, Red Cross, etc., is not counted as working.
2. Usually going to school means attendance at a regular school or college which advances a person toward an elementary or high school diploma or a college degree.
3. Usually keeping house includes any activity described as "keeping house" which cannot be classified as "working" or "going to school."
4. Retired includes persons 50 years old or over who consider themselves to be retired. In case of doubt, a person 50 years old or over is counted as retired if he, or she, has either voluntarily or involuntarily stopped working, is not looking for work, and is not described as "keeping house." A retired person may or may not be unable to work.
5. Other includes persons 6 years of age or over not classed in any of the other categories. Examples of inclusions are: a person who states that he spent most of the past 12 months looking for work, a person doing volunteer work only, a person under 50 years of age who describes himself as "retired" or "taking it easy," a person under 50 years of age who is described as "unable to work," or "unable to go to school," or a person 50 years of age or over who describes himself as "unable to work" and is not "retired."

Location of Residence Terms

Urban and rural residence.—The definition of urban and rural areas used in the U. S. National Health Survey is the same as that used in the 1950 Census. According to this definition, the urban population comprises all persons living in (a) places of 2,500 inhabitants or more incorporated as cities, boroughs, and villages; (b) incorporated towns of 2,500 inhabitants or more except in New England, New York, and Wisconsin, where "Towns" are simply minor civil divisions of counties; (c) the densely settled urban fringe, including both incorporated and unincorporated areas, around cities of 50,000 or more; and (d) unincorporated places of 2,500 inhabitants or more outside any urban fringe. The remaining population is classified as rural.

Size of place.—The urban population is classified as living in urbanized areas or in urban places outside urbanized areas. Following the definition used in the 1950 Census, the population in urbanized areas comprises all persons living in: (a) cities of 50,000 inhabitants or more in 1940 or according to a special census taken between 1940 and 1950; and (b) the densely settled urban fringe, including both incorporated and unincorporated areas, surrounding these cities.

The remaining urban population is classified as living in urban places not in the urbanized areas, and these are grouped, according to their population in 1950, into: outside urbanized areas—urban places of 10,000 or more population, and other urban places.

Farm and nonfarm residence.—The rural population may be subdivided into the rural-farm population, which comprises all rural residents living on farms, and the rural-nonfarm population, which comprises the remaining rural population.

In deciding whether the members of a household reside on a farm or a ranch, the statement of the household respondent that the house is on a

farm or ranch is accepted, with the following exception. A house occupied by persons who pay cash rent for house and yard only is not counted as a farm or ranch even if the surrounding area is farm land. This special case does not cover: (1) the living quarters of a tenant farmer who rents farm land as well as house and yard; (2) the quarters of a hired hand who receives living quarters on a farm as part of his compensation; or (3) separate living quarters inside a structure which is classified as on a farm. In all these cases the living quarters are counted as on a farm.

Geographic division.—For the purpose of classifying the population by geographic area of residence, the Health Household-Interview Survey uses the same grouping of states used by the Bureau of the Census and many other agencies. These groups are called "divisions." Two of these divisions are further subdivided, as will be seen below.

Division	States Included
New England	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut
Middle Atlantic	New York, New Jersey, Pennsylvania
East North Central, Eastern Part	Michigan, Ohio
East North Central, Western Part	Illinois, Indiana, Wisconsin
West North Central	Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas
South Atlantic, Northern Part	Delaware, Maryland, District of Columbia, Virginia, West Virginia
South Atlantic, Southern Part	North Carolina, South Carolina, Georgia, Florida
East South Central	Kentucky, Tennessee, Alabama, Mississippi
West South Central	Arkansas, Louisiana, Oklahoma, Texas
Mountain	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada
Pacific	Washington, Oregon, California

Region.—The least detailed classification of the population by geographic area of residence is provided by the grouping of states into 4 major regions. These regions correspond to those used by the Bureau of the Census. They are as follows:

Region	Geographic Divisions Included
Northeast	New England, Middle Atlantic
North Central	East North Central, West North Central
South	South Atlantic, East South Central, West South Central
West	Mountain, Pacific

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